

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/646266	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		1	2		3
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/						51			
2	/						52			
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48							98			
49							99			
50							100			
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.	3						TOTAL DEP.			
TOTAL CLAIMS	8						TOTAL CLAIMS			

PTO-1360 (3-76)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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